

Best Practices in Managing Patients with Heart Failure

Frequently Asked Questions

Q1. How do we identify a patient with a Left Ventricular Ejection Fraction < 40% for Measure 1 and 2?

- A. Patients that come into your clinic that had 2 or more face to face visits in an ambulatory setting or 1 hospital discharge in the reporting period, with a PCP or cardiologist. Those patients that you will bill for.

Q2. How do we pull measure data from Optum One? (for some collaborative members)

- A. If your medical group is a member of the Anceta Collaborative at AMGA, we will pull measures 1 and 2 on your behalf. If your group provides hospital admission data to Optum, we may also be able to assist with measure 3 as well. If you are an Anceta member and have any other questions about this data, you may wish to contact your Optum Client Success representative or Vaishali Joshi at (703) 838-0033 x354 office or (703)-722-0504 mobile.

Q3. Does the readmission count if the patient goes only to the hospital or to a SNF or LTC?

- A. The readmission is for inpatient only. If a patient is discharged to a SNF or LTC and readmitted to a hospital it will count as a readmission.

Q4. Can we use the CMS exception for Measure 1 and 2?

- A. Yes, we have included the CMS PQRS exceptions to reduce your denominator. Additionally, if you report on PQRS using CPTII codes and also use the measure exceptions designated in the specifications (medical, patient or system exceptions), please feel free to contact us if you need a list of pertinent CPTII codes.

Q5. When does the clock start at the beginning of the project? What if the patient gets discharged before we start and then gets readmitted two weeks into the middle of the 1st month, does that count or do they have to be in the hospital and discharged after start of the project.

- A. The patient has to be discharged within the measurement period then readmitted. Readmission can take place anytime in the reporting period. The reporting period is extended 30 days after the end of the project to capture these patients who were readmitted.

Q6. How often do we expect the specifications will be updated?

- A. We will review the measure specifications approximately annually, or if a major change occurs.

Q7. Does the medication list have NDC numbers on them?

- A. Yes, we have added 10-digit NDC numbers at the request of some of the collaborative participants. The medication list contains generic names, RxNorm codes, and NDC codes. Only the generic names of the medications are used for reporting the measures for the collaborative. If any of the medications specified for each measure was prescribed or is on the patient's active med list in the EHR, the patient is numerator-compliant. The RxNorm codes also include dosage

and form in addition to generic name, so finding *any* of the RxNorm codes for one of the medications named in each measure spec makes the patient numerator-compliant. Your electronic health record may contain a “representative” NDC code for each generic name. In that event, you need to match only one of the NDC codes for one of the generic medications named in each measure specification. There is also an 11-digit version of the NDC codes, which are not used here.

Q8. Are there any plans, similar to Measure Up/Pressure Down, that Anceta will be pulling data for us?

- A. Yes. If you are an Anceta participant we will be able to pull your data for measures 1 and 2. We will ask you to review the data before we report it on your behalf. Measure 3 will be a learning experience since some groups do not have hospitals in their health systems. If you provide hospital admission data to Optum, we should be able to assist with measure 3 reporting.

Q9. Will Anceta do some quality assurance on the data from groups who aren't Anceta participants?

- A. Yes. We will look at your data at various stages of the collaborative. If we see anything that looks unusual, we will reach out to the groups individually for clarification.

Q10. In the advance track for Measure 3, if there are patients who did not indicate their race can we place them in the “other” category?

- A. Yes, include patients who did not indicate their race in the “other” category in the reporting template.

Q11. In the advanced track for Measure 3 is the "Died" column in the numerator section for those patients who had the 30 day readmissions and died in the hospital during the readmission instead of being discharged?

- A. Correct and additionally, if a patient had a 30 day readmission —>discharged —> and then unfortunately died, they would also be included in the numerator “Died” column.

Q12. In the advance track for Measure 3 is the "Died" column in the denominator section the patients (with EF <40, one index discharge during period for a CHF diagnosis, etc.) who in general died during the specified timeframe, in this case 2014, but not necessarily while hospitalized?

- A. The "Current or prior Left Ventricular Ejection Fraction < 40%" criteria only applies to measures 1 & 2 and not # 3. “Died” column in the denominator will include those patients who died after the 1 index discharge but prior to the end of the measurement period.

Q13. In the advance track of Measure 3 is the "hospice" numerator those patients who had the 30 day readmissions and were discharged to hospice?

- A. Yes. If a patient was discharged to hospice he or she should be included in the numerator “Hospice” column.

Q14. In the advance track of Measure 3 is the "hospice" denominator those patients who had the 1 index discharge to hospice? Does that also include if they were discharged home and later admitted to home hospice before end of measurement year?

- A. The denominator “Hospice” column should include both scenarios you mention here.